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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) FFA-1371

Box No. I TITLE OF INVENTION

SLAB TYPE SOLID-STATE LASER OSCILLATING DEVICE

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

FANUC LTD

3580, Shibokusa Aza-komanba, Oshino-mura, Minamitsuru-gun, Yamanashi, 401-05 Japan

 This person is also inventor.

Telephone No.

0555-84-5555

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State (i.e. country) of nationality: Japan

State (i.e. country) of residence: Japan

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Nobuaki IEHISA

2-2, Higashiiicchoda, Mishima-shi, Shizuoka, 411 Japan

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality: Japan

State (i.e. country) of residence: Japan

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

8230 Shoji TAKEMOTO, Patent Attorney
8835 Hideo SUGIYAMA, Patent Attorney
9342 Koichi YUDA, Patent Attorney
10249 Takahiro UOZUMI, Patent Attorney
10191 Akio SHONOIRI, Patent Attorney
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1-chome, Minato-ku, Tokyo, 105 Japan

Telephone No.

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Facsimile No.

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Telex/Teletypewriter No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Masao SATO

Room 14-308, FANUC Manshonharimomi, 3493-2,
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Yamanashi, 401-05 Japan

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

Japan

State (i.e. country) of residence:

Japan

This person is applicant
for the purposes of:

all designated States
 all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant
for the purposes of:

all designated States
 all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant
for the purposes of:

all designated States
 all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant
for the purposes of:

all designated States
 all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes, at least one must be marked):

Regional Patent

AP ARIPO Patent: KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input type="checkbox"/> AL Albania	<input type="checkbox"/> LU Luxembourg
<input type="checkbox"/> AM Armenia	<input type="checkbox"/> LV Latvia
<input type="checkbox"/> AT Austria	<input type="checkbox"/> MD Republic of Moldova
<input type="checkbox"/> AU Australia	<input type="checkbox"/> MG Madagascar
<input type="checkbox"/> AZ Azerbaijan	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia
<input type="checkbox"/> BA Bosnia and Herzegovina	<input type="checkbox"/> MN Mongolia
<input type="checkbox"/> BB Barbados	<input type="checkbox"/> MW Malawi
<input type="checkbox"/> BG Bulgaria	<input type="checkbox"/> MX Mexico
<input type="checkbox"/> BR Brazil	<input type="checkbox"/> NO Norway
<input type="checkbox"/> BY Belarus	<input type="checkbox"/> NZ New Zealand
<input type="checkbox"/> CA Canada	<input type="checkbox"/> PL Poland
<input type="checkbox"/> CH and LI Switzerland and Liechtenstein	<input type="checkbox"/> PT Portugal
<input type="checkbox"/> CN China	<input type="checkbox"/> RO Romania
<input type="checkbox"/> CU Cuba	<input type="checkbox"/> RU Russian Federation
<input type="checkbox"/> CZ Czech Republic	<input type="checkbox"/> SD Sudan
<input type="checkbox"/> DE Germany	<input type="checkbox"/> SE Sweden
<input type="checkbox"/> DK Denmark	<input type="checkbox"/> SG Singapore
<input type="checkbox"/> EE Estonia	<input type="checkbox"/> SI Slovenia
<input type="checkbox"/> ES Spain	<input type="checkbox"/> SK Slovakia
<input type="checkbox"/> FI Finland	<input type="checkbox"/> TJ Tajikistan
<input type="checkbox"/> GB United Kingdom	<input type="checkbox"/> TM Turkmenistan
<input type="checkbox"/> GE Georgia	<input type="checkbox"/> TR Turkey
<input type="checkbox"/> HU Hungary	<input type="checkbox"/> TT Trinidad and Tobago
<input type="checkbox"/> IL Israel	<input type="checkbox"/> UA Ukraine
<input type="checkbox"/> IS Iceland	<input type="checkbox"/> UG Uganda
<input type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> US United States of America
<input type="checkbox"/> KE Kenya	<input type="checkbox"/> UZ Uzbekistan
<input type="checkbox"/> KG Kyrgyzstan	<input type="checkbox"/> VN Viet Nam
<input type="checkbox"/> KP Democratic People's Republic of Korea	
<input type="checkbox"/> KR Republic of Korea	
<input type="checkbox"/> KZ Kazakstan	
<input type="checkbox"/> LC Saint Lucia	
<input type="checkbox"/> LK Sri Lanka	
<input type="checkbox"/> LR Liberia	
<input type="checkbox"/> LS Lesotho	
<input type="checkbox"/> LT Lithuania	

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/>

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		Further priority claims are indicated in the Supplemental Box <input type="checkbox"/>	
The priority of the following earlier application(s) is hereby claimed:			
Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1) Japan	08. 04. 96	Patent Application No. 110556/1996	
item (2)			
item (3)			

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present International application is the receiving Office (a fee may be required):

The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): (1)

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / JP

Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:

Country (or regional Office): Date (day/month/year): Number:

Box No. VIII CHECK LIST

This international application contains the following number of sheets:

1. request : 4 sheets
2. description : 14 sheets
3. claims : 4 sheets
4. abstract : 1 sheets
5. drawings : 4 sheets

Total : 27 sheets

This international application is accompanied by the item(s) marked below:

1. <input type="checkbox"/> separate signed power of attorney	5. <input checked="" type="checkbox"/> fee calculation sheet
2. <input type="checkbox"/> copy of general power of attorney	6. <input type="checkbox"/> separate indications concerning deposited microorganisms
3. <input type="checkbox"/> statement explaining lack of signature	7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette)
4. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	8. <input checked="" type="checkbox"/> other (specify): Request for Certified Priority Document

Figure No. 1b of the drawings (if any) should accompany the abstract when it is published.

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Shoji TAKEMOTO (seal) Hideo SUGIYAMA (seal) Akio SHIONOIRI (seal)

Koichi YUDA (seal) Takahiro UOZUMI (seal)

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1. Date of actual receipt of the purported international application:	2. Drawings:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received: <input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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Date of receipt of the record copy by the International Bureau:
